

Darmstadt Military Spouse and Civilian Club

<http://www.darmstadt.army.mil/sites/services/DMSCC.asp>

Privacy Act Statement

AUTHORITY: 10 US Code 3012 and AR 215-2

PRINCIPAL PURPOSE: To maintain membership record for the Darmstadt Military Spouse and Civilian Club (DMSCC)

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of information is voluntary. However, failure to disclose information could result in denial of membership.

Membership is open to all military and civilian ID card holders and their spouses.

DUES:

Tier 1: Civilian GS1-5 and all NAF, Military E4 & below: \$15 per year

Tier 2: Civilian GS 6-12, Military E5 & E6, W01-CW3, O1-O3: \$20 per year

Tier 3: Civilian GS-13 & above, Military E7, CW4-CW5, O-4 & above: \$25 per year

Membership Status (check one): New _____ Renewal _____

Name: _____ Birthday: _____
Last First Middle Initial Month/day

Email Address: _____ Cell phone: _____
For electronic distribution of newsletter/publicity information, etc

Home phone: _____ Work phone: _____

Spouse's Name: _____ DEROS: _____
Last First Month/year

APO Address: _____
Organization CMR/UNIT Box# APO AE Zip Code

German Address: _____
Street Name House # Postal Code City Housing area

Affiliation (check all that apply):

Active Duty Military _____ Military Spouse _____ DoD Civilian _____ DoD Civilian Spouse _____ Other _____

May we print the above information in the DMSCC Membership Directory? YES _____ NO _____ Initial _____

I understand that if I have made a meal reservation, I must cancel the reservation by close of business five days before the function or I am responsible for the meal reimbursement to the DMSCC for the actual cost of the meal. Initial _____

Please PRINT your name as you would like it to appear on your nametag: _____

Are you willing to volunteer for any of the following committees? (Please check all that apply)

_____ Hospitality _____ Membership _____ Programs _____ Publicity/Newsletter
_____ Reservations _____ Special Activities _____ Thrift Shop _____ Welfare/Scholarship

I give permission for the DMSCC to give my name, address, and telephone number to the Installation Volunteer Coordinator in order to record my volunteer hours. YES _____ NO _____ Initial _____

Signature: _____ Date: _____

DMSCC Use Only

Amount Paid \$ _____ Date _____ Received by _____

Payment Check _____ Cash _____ Tier 1 _____ Tier 2 _____ Tier 3 _____

Membership Type Active _____ Associate _____ Honorary _____ New _____ Renewal _____

**Make checks payable to DMSCC and mail to:
DMSCC, Attn: Membership, CMR 431 Box 1583, APO AE 09175-1583**